ORAL HISTORY INTERVIEW WITH KEVIN THOMAS
Duke University Libraries and Archives
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COLLECTION SUMMARY

This collection features an oral history Joseph conducted with Kevin Thomas on March 18, 2021. The 49-minute interview was conducted in Durham, NC. Our conversation explored Dr. Thomas's path to academic medicine, his experiences as a resident and later chief resident at Duke, the intersections of his clinical and research portfolio, and how he approaches leadership and issues of bias and equity in medicine. The themes of these interviews include cardiology, medical training, and diversity, equity, and inclusion.

This document contains the following:

- Short biography of interviewee (pg. 2)
- Timecoded topic log of the interview recordings (pg. 3)
- Transcript of the interview (pg. 4-14)

The materials we are submitting also include the following separate files:

- Audio files of the interview*
  - Stereo .WAV file of the original interview audio
  - Mono .MP3 mixdown of the original interview audio for access purposes
- Photograph of the interviewee (courtesy: Kevin Thomas)
- Scan of a signed consent form

*Due to COVID-19 social distancing protocols and best practices, Joseph recorded the interview remotely via Zoom.

BIOGRAPHY

Kevin Lindsey Thomas, MD, is Associate Professor of Medicine in Duke's Department of Medicine, Member in the Duke Clinical Research Institute, and Assistant Dean For Underrepresented Faculty for the School of Medicine. As a cardiac electrophysiologist, he sees his clinical, research, and leadership roles as symbiotic and mutually informative. "Research is a continuum," he says. "We do research ultimately to impact patient care. And so I think one thing that has evolved over time for me is that many of the aspects of my research are performed or undertaken to improve the clinical care that I deliver."

As an undergraduate student at Emory University, Thomas was recruited to attend UNC's Medical Education Development Program by the program's director and long-time UNC administrator Larry Keith. The summer-long program "was taught by actual medical school faculty [and] you got to take first year medical school classes -- so biochemistry, microbiology, gross anatomy, [and] pharmacology," he explains. "And that program really forever changed things for me. It was really that experience that gave me the confidence and the direction and the focus to pursue medical school." When Thomas attended UNC for medical school, Keith remained a mentor. "When I look back to where the defining point was for me, it was meeting him and having him guide me and nurture me, honestly, through the process," he says.

Thomas completed his internal medicine residency and fellowships at Duke University Medical Center, where he served as chief resident in the Department of Medicine. "I learned so much as a leader," he says about his time as chief resident. "But I grew so much as a clinician and a person. It was my first opportunity to really have influence on the program and the policies." His interest in "ensuring that the playing fields are level" has continued as he has led multiple equity initiatives within Duke as a faculty member, including serving as Director of Faculty Diversity and Health Disparities Research at the Duke Clinical Research Institute and as Co-director of the Duke Health Disparities Research curriculum, and chairing the Dean's Advisory Council for Underrepresented Minority Faculty.

INTERVIEW TOPIC LOG (kevin-thomas-interview-audio.wav)

00:00 Introductions and description of current areas of responsibility
06:28 Research into equity in clinical care
07:27 Development of implantable cardioverter/defibrillator educational videos
12:04 Use of educational videos in clinical care
13:07 Early interest in medicine; participation in UNC Medical Education Development Program; mentorship by Larry Keith
19:46 Discussions with father as college student about professional goals
21:37 Conversation with mother at welcome event; mentorship by Ralph Corey and Diana McNeill
26:35 Reflections on personal leadership style and development of approach to leading within an institution
28:35 Path to chief residency; ability in that position to begin to address systems of systemic bias and patterns of inequality in the medical system and medical training
36:28 Advice given to mentees and those considering medicine as a career; priorities with relation to structural racism and discrimination; how he sees upcoming physicians as being able to tackle threse issues
43:07 Current leadership work and committee assignments within Duke and Duke Medicine

TRANSCRIPTION (kevin-thomas-interview-audio.wav)

Joe O’Connell 0:00
So it's March 18th 2021, I'm Joe O'Connell, and I'm interviewing Dr. Kevin Thomas for the Duke University Medical Center Archives and the Department of Medicine. And we're doing this interview remotely on account of COVID-19, so we're connected via video. So I actually want to talk to you first about what your work is like now. And I know that you have several different leadership roles in the School of Medicine, and that you're seeing patients in addition to that, as a cardiac electrophysiologist. And I wonder if you could walk us through maybe what a typical day looks like for you, and how you shift between those roles?

Kevin Thomas 0:58
It's, I think, pretty unique in terms of the framework of my professional day-to-day life, relative to maybe many faculty members at Duke. And so, I really have three primary roles. So one, I'm a clinician, and as you mentioned, I'm a cardiac electrophysiologist. And so I spend a lot of time training to do what I do in that particular regard. And so I see patients who have heart rhythm disorders. I perform procedures as a big part of management of those patients in their respective conditions. And I also see those patients, some of them in continuity over the long-term course of their illness. And so it's been a great experience doing what I do, from that standpoint, and it's been important for me to continue to have that as a regular part of my professional experience, to continue to see patients. It's why I got into medicine, it was my first love. And I've always valued myself as a people person. And I really enjoy that personal interaction and those relationships that I build. With many of my patients, they're more than patients. They're friends. Some of them are like family, and I've known them for years. And so I really appreciate those experiences. And a big part of medicine, in addition to the therapeutic things -- whether it's me doing a procedure to correct an arrhythmia problem, or a heart rhythm problem, or prescribing a medication to do that -- a big part of being a good clinician is listening and just being able to share in whatever your patients are going through, whatever trials and tribulations that their health has brought them. A big part of the relationship is just sharing and listening, and being supportive. And I think that's an important part of the way I practice medicine. I believe fully in empowering patients to take control of their own health. And I'm appreciative and feel privileged to play a role in their health and in helping to impact our health outcomes. But at the end of the day I want to empower patients to have information and education to shape their health, and make well-informed decisions that ultimately are consistent with their own values, with my perspective [as the] expert. And I share information with them to give them the education they need to, again, decide what they want for their care, and what their primary focus [is] in terms of what is most important to them. Quality of life, and things of that nature. I'm a researcher. So I spent a day and a half or so a week focusing on a research program that I've grown over the last 12 to 15 years or so. And a big part of that is focused on mentorship and really helping the next generation of individuals be thoughtful scientists, be passionate scientists, and be good scientists who can ask good questions, and choose areas that are impactful and influential in changing healthcare outcomes, particularly as it relates to underrepresented racial and ethnic groups. The bulk of my research focuses on healthcare disparities as it relates to race and ethnicity. Trying to identify those differences in disparities that exist in healthcare delivery and outcomes, understanding why those differences in disparities exist, and then ultimately designing strategies

to ameliorate the differences in disparities that we face as a function of race and ethnicity. Because I think healthcare is important to all of us, and we live in a society where the technology is changing. And it's pretty amazing the things that we're now able to do from a healthcare perspective. And it's my belief that every individual, regardless of your race, ethnicity, your sex, your gender, whatever distinct identifying character that you have, you should be able to access and should be entitled to access to the latest greatest therapies that will improve your quality of health, and your health longevity. So, that's really important. The third thing is I'm an administrator. I'm the Assistant Dean for Underrepresented Faculty Development. That's a position I've held since 2016. And it really is in the spirit of everything that I do as a clinician, and as a researcher. I try to embody [that] in that position. And it's to, again, ensure that faculty members who historically maybe have had systemic disadvantages to professional development [and] professional advancement, to ensure that I can influence the policies at the institutional level, but also working with that individual to ensure that they have a community that allows them to flourish, and to be successful and to advance in academic medicine in general and then specifically at Duke.

JO 6:28
Great, thank you for that overview. That's really helpful. And then touches on a lot of questions that I'll probably loop back to as we go along.So it's interesting to me that you're addressing questions of equity both for patients as well as for physicians and medical professionals. Is that fair to say?

KT 6:56
Yes, I think that really highlighted that very well.

JO 7:00
And so given that, that you're thinking about inclusion and equity in your leadership and in your research, I'm curious how that comes into play in your clinical work? Are there ways that you having that interest, or that passion, affects the way that you do your patient care?

KT 7:27
Yeah, it does. And again, I think research is a continuum. And we do research ultimately to impact patient care. And so I think one thing that has evolved over time for me is that many of the aspects of my research are performed or undertaken to improve the clinical care that I deliver. And so I can give you an example of that. So, one of the things that I do as a cardiac electrophysiologist is in people who are at risk because of their heart condition -- at risk for dying suddenly, what we call having or experiencing sudden cardiac arrest or sudden cardiac death -- we offer defibrillators for those individuals, and I implant those. So through my early experiences as an electrophysiologist, I began to appreciate that there were differences in the conversations I would have about this particular therapy that varied across racial and ethnic lines. And so, for example, if I talked to a white male about the prospect of sudden cardiac death and that we had this intervention that could potentially reduce their risk significantly, they were very willing to accept that recommendation, and wanted it. Without a whole lot of discussion, quite frankly. And this is not universally [true] but if I looked at most of the experiences that I had with white males, that that was pretty much how it was. And I would contrast that with the

experiences that I had oftentimes with Black patients, where they were more reticent to accept that therapy. And I really wanted to try to understand that. And I would take time to explain it, answer questions that they had, and even after spending a lot of time talking and discussing it, they were still somewhat hesitant. And so the question for me is, "Well, why is that?" Why do you see this significantly different dynamic in how patients think about certain therapies, and can we begin to understand that better? And so that led to -- and I won't go into the specifics -- but that led to 10 years of research for me trying to understand that. First, looking to see whether there in fact were differences in implantation or uptake of defibrillators in certain groups by race or ethnicity. And then once I saw that that was true, and that Blacks were less likely to get defibrillators, then I sought out trying to understand why. And so that led to a different type of research where I would conduct focus groups, talk to different individuals, and see if we could really get people to open up about their thoughts about this and why there were differences. And these differences exist in other parts of medicine as well. And were the reasons why people were hesitant similar across [inaudible] or interventions? Whether it's medications, or having procedures performed, or what have you. And then ultimately we took that information to design an intervention to test to see if we could assist the decision-making for Black patients, and then compare that intervention to, did the intervention work the same in white patients, as well. So you can see how my experiences as a clinician then inform my research interests, and I try to ask questions that ultimately I can then take back and use. So we ended up creating a video that went through the whole process of decision-making with defibrillators. It had patients in it, we had Black patients, we had a video with white patients. We wanted to see if there were differences in the perception of seeing a white patient go through the experience, and a Black patient go through the experience. The videos had white and Black doctors, to see what the effects were of that. And then ultimately, could we improve the decision-making process by using this video in our interactions versus just sitting down and talking to patients? And so it was quite interesting and revealing that the video really empowered a lot of patients and made a difference in terms of how people thought about it and what the experiences were. And it ultimately impacted in some ways the knowledge and even the decision-making process and how they felt about the decision-making process.

JO 12:04
So did that video become part of how you orient people that you're recommending to get this device?

KT 12:13
Absolutely. So now I use it as part of my routine care. So anybody I see that's considering a defibrillator, I introduce myself, and then I tell them that I would love for them to watch the video. Because I think it'll give them some really good information and help with the decision-making process and help identify the priorities that they as individuals have about whether they would want it and questions they have about it, and so forth. So yes, I've incorporated it within my practice, and also my partners have incorporated within their practice, because I think people saw the utility and value of it as well.

JO 12:51

That's so interesting because you're combining medicine with communication and media, and thinking about how to use those together.

KT 13:05
Absolutely.

JO 13:07
I want to talk about sort of how you came to medicine a little bit. I know we might not be able to go into a whole lot of depth about that experience. But I wonder if you could tell me when you first started to think about a career in medicine, about being a physician researcher. What were some of the things that put that on your radar, and who were some of the people who encouraged you in that direction?

KT 13:45
Thank you for that question. I do a lot in my professional career and personal career to try to expose youth to what I do. And I think that's really important. It's hard to see what you can become if you don't see people who look like you doing that. So it's one thing for a young Black boy to say that they want to be a doctor. It's another thing for them to actually meet one, and be able to identify with that. And what I tell people all the time is that -- and one of the other things that I do a lot now is I run several programs that are what we call pipeline programs where we really trying to get people interested in medicine and research early on in their educational experience, so I've been interviewing individuals for the program -- so one of the things that we ask is "What got you interested in research?" Or "What got you interested in medicine?" And it's really fascinating for me to hear people know, from very early ages, six or seven-year-olds saying "I knew I wanted to be a doctor from the very beginning." And that is a complete antithesis to my experience. Medicine was something that came to me really through the grace of God and serendipity, [it was] not something that was on my radar at all coming up in high school. And it wasn't until my second year of college that I decided that that was a path that I was going to pursue. And I've always liked science, and been interested in science, but not knowing where that path or interest or passion in science would lead me. So it wasn't until college where I kind of looked around and my dad was kind of pushing me to think about, "Okay, you've got a year under your belt in college, what is it that you want to do, maybe, as a profession, long-term?" I said "Well, I'm not sure." So I was like, "Well, let me look around what others are doing." A bunch of us were taking biology classes and chemistry classes. And I looked around, and a lot of folks were Pre-Med, and they were like, "Is that is that something that you've thought about?" And I was like, "No, being a doctor is not something I really ever thought about." And so that was really some of the early interest for me. And, again, I think a lot of times we're influenced by the things that we're exposed to. And that's really important. And so, the first person who really, I think, impacted my journey to medicine was a guy named Larry Keith. And he was a faculty member at the University of North Carolina at Chapel Hill School of Medicine. And he ran a summer program called the Medical Education Development Program, the MED Program. And he, as part of that program, would recruit students from all over the country to come participate. You got to take first year medical school classes -- so biochemistry, microbiology, gross anatomy, pharmacology. So many of the first year medical school classes you got exposure to. And the program was actually taught by actual medical school faculty. And

so I met him at a pre-med meeting at Emory University which is where I went to college. And, he just, he was a very charismatic person. And I was really drawn to him. After the meeting I walked up to him and I introduced myself, I told him where I was from, and we just kind of hit it off. And we talked for 30 minutes or so after the meeting. And he said, "You know, you should really come do this program." And I said, "Oh yeah, well, usually during the summers I go home to work with my dad, that's kind of an understanding that we have, that's just what I do, I think my dad kind of depends on me doing it, and I enjoy doing it, it helps our family out." So he said, "I understand that. But if you really want to go to medical school, I think this program will be an important part of your professional development." And that program really forever changed things for me, it was really that experience, I would say, that gave me the confidence and the direction and the focus of wanting to pursue medical school. I'm so thankful that our paths crossed, that God made that happen. And he took an interest in me, and pushed me. He didn't have to do that. And he forever became an instrumental part of my time. So I ended up going to UNC for medical school. And he was always a mentor for me, and a person [where] if I was having issues, I would go to and say, "Hey, this is what's going on, what do you think about this?" Or, "What's your advice about this?" And so he really was a great resource and mentor, and more than that, a friend, a father-type figure, and I'm so appreciative of him. And you hear me tell this story about Larry Keith, but there's probably 500 or more other individuals who will tell you that they had the same experience with him. And unfortunately he passed away from cancer years ago. But the number of people who came to his funeral from all over the country was amazing, and I think was a testament to his impact. And so he was a tremendous influence on me that. When I look back to where the defining point was for me, it was meeting him and having him guide me and nurture me, honestly, through the process.

JO 19:46
He sounds like a really remarkable person and mentor. And I was also struck as you were telling that story by the difficulty of the decision to go to enter the summer program. Or it sounds like it was maybe a difficult choice at the time to decide whether you were going to do the summer program or return home and work. I wonder, how did you make that decision, what was that like?

KT 20:18
That's a great question. And I honestly had a conversation with my dad and explained to him that there was this opportunity and that I wanted to apply. And he was very supportive. He said "No, absolutely, if this is your dream, and you feel like this can help you, then you should you should push forward for it." I'm thankful for a lot of things growing up, while there were a lot of challenges both financially and socially and so forth being from, at times, a single parent household with many challenges. I was always given -- and some of it I think was by necessity -- but I was always given a lot of autonomy and independence to kind of pursue what I wanted to pursue. And there has always been a lot of support from my family whether it was my mom or my dad or my sister. I always had a lot of support in terms of motivation and people encouraging me. And so I'm thankful for that, and this was another example of that. Once I explained it to him, he was all for it. And he was like, "Well, don't worry about it, we'll find somebody else to do the work. But, this is a great opportunity for you and you should pursue it."

JO 21:37
Sounds like a leap of faith in some ways. So I believe that you came to Duke first as a resident, is that correct?

KT 21:50
That's correct.

JO 21:52
Do you remember your first day at Duke?

KT 21:56
I do, and it's very fond. I remember a couple things. So I think even before we started, there was kind of a welcoming barbecue picnic. And my mom and I went to this picnic, and I think my sister was there as well. And, my mom was always my biggest fan. She was always so proud of me. And it used to be almost to the point where I would be embarrassed, like, when I got into medical school, or when I was in medical school, [to] any person, a friend of hers, or anybody we met, she'd say "My son's gonna be a doctor." She was very proud of that. She had a license plate that said Doctor's Mom. And so I remember we went to the picnic. We were walking around, we were meeting a lot of different people. And she knew how much it meant to me to be at a program like Duke, and how hard I had worked to get to that step. And then I remember, we were greeted by one of the chief medical residents at the time. And so I introduced him to my mom, and we were talking, and when he walked away, my mom was like, "Who was that?" And I said "Mom, that's the chief resident. That's one of the smartest people in the training program. Those people are really great." And my mom said, "You're going to be a chief resident one day." I was like, "No, no, Mom, those are just the best. I'm happy to be here, I'm going to do well, I think I'm going to do well. I don't know, I'm not gonna be a chief resident." So, my mom passed away when I was in school, but I did become a chief resident. And that experience was amazing for a lot of reasons. But probably at the top of that list was I knew how proud my mom [was] and the foreshadowing that she had to see that. And that always stayed with me and in some ways, I think, motivated me to do well and work as hard as I can. And so I remember that. And that was kind of one of the experiences that I remember going to Duke. And I also remember that [because] we talked about mentors and people who really influenced me. Ralph Corey, the program director, was another incredible individual who influenced me in many ways. First of all, he's one of the smartest people I've ever met in my life, and I was just always impressed with the breadth of knowledge that he had. And his commitment to learning and education was just unparalleled. And you see that it stirs something in you and makes you want to be better. And so my experiences with him really motivated me, I think, to be a better clinician and a better doctor. I saw him and I wanted to aspire to have the depth of knowledge that he had. And he was an incredible person. Like he was hard, he was a hard-nosed person. He reminded me a lot of my dad, but supportive in his own kind of way. And I appreciated that, and appreciated the interest that he took in me and the opportunities that he gave me to be successful. Because again, our work and intellect are part of it. But the other part of it is having the people who will give you opportunities and people who will sponsor and speak glowingly about you in ways and in settings where you can't speak about yourself. So he was a tremendous sponsor for me. And similarly once he transitioned out of that position, and Diana McNeill became the program

director, I had a similar relationship with her. And they both were incredible leaders, but they lead in different ways. And I appreciated that about both of them. And it goes to show you that people can be incredibly successful with very different approaches to how they do things. And so I really appreciated that and try to incorporate that into how I lead. To have a balance and to figure out what motivates people. Sometimes it's riding people, sometimes it's encouraging people. And so really taking what I learned from many of the people that I saw at Duke, that influenced me to be the kind of mentor, the kind of leader, the kind of clinician that I am. I was really shaped by a lot of experiences that I had.

JO 26:35
Do you see your leadership style as a combination of the two influences, or do you see it as something that's a third style, that's a distinct thing? And how do you think about the way that you approach some of those responsibilities that you saw them taking you on in a way that worked?

KT 27:03
It's a good question. And I think I have my own style. My style has elements of things that I was exposed to and things that I appreciated. But I'm a person who, I like to lead. I think some people innately have those qualities. But in that style, so to speak, I think that the things that I was taught, and the things that I appreciated, [were] the willingness to continue to learn. While you may be in positions where you're influencing people, you're still learning. And I'm still learning. And so I'm different this year than I was two years ago, than I was five years ago. And it's always continuing to evolve and grow to situations, to people, and to the environment. The environment that we practice in is very different now than it was before. And so I pride myself on [being] someone who is flexible enough and humble enough to continue to learn from as many people as I can, and to share my wisdom and what I've learned as well. And so I think, again, it's a culmination of all the things I've been exposed to, but putting out into, Kevin Thomas's style, so to speak.

JO 28:35
So you mentioned your time as chief resident. And that was on my list of things to ask you about. So that was a role that you didn't see yourself headed toward when you first arrived at Duke. How did you wind up taking that on, and what was it like?

KT 29:01
I think that the first time it maybe got on my radar was as a second year resident. I was on a vacation, and we take as part of our development kind of mock exams, so to speak, on an annual basis just to see how you're progressing content-wise. And ultimately I think it serves a role to establish your competency in certain things in medicine. But also it helps in many ways to prepare you for your board examination that you're going to have to pass to practice medicine. And I got a call from my chief resident, and he said, "I noticed that you didn't sign up to take your mock exam this year." And I was like "Yeah, you know, the three options that were given, I'm on call [during] one of those options, the other option I was on a really busy rotation, and then the third option I was on vacation." And he said, "Well, while they're kind of pseudo-mandatory, and people don't necessarily take them every year, we're really going to need

you to take the exam this year." And I said, "Okay, we can figure it out. I'm on vacation now." And he was like, "Well, is there any way you can come back early to take the exam this Saturday?" And I said, Maybe, I guess I could." And he said, "Well, there's some things that you're being considered for that we're going to need to see your performance on the examination." So it was kind of like a wink-wink, I kind of knew where he was going with that. So that was the first time it came on my radar. And then when I was a third year resident I had been selected as an assistant chief resident. Being the assistant chief resident you work very closely with the chief resident. And when the chief resident, the small opportunities that they had to take nights off or go on vacation or whatever, then the assistant chief resident kind of covered things. And so I remember during my third year when I was covering for the assistant chief resident he said, "Well, when I'm out these couple of days feel free to use my office if you want. You can hold rounds in there, or what have you." I was like, "Oh, that's nice." He was like, "Yeah, try it out, see what you think about it. See if there's something that you might like." So there were kind of inclinations along the way. And then ultimately when I was asked to do it, there were a group of people who I consulted with about it, and one of those individuals was my fellowship director for cardiology. Because at that point when I was asked I knew I was going to be a cardiology fellow at Duke. And so out of respect I wanted to make sure, because I knew that that would impact the scheduling, because the commitment was for a year. And so I went to my cardiology training director. I said, "They've asked me to be chief resident, I'm thinking about it, I wanted to let you know." And he was like "Oh, you don't want to do that. How would you take a year and do that?" And I said, "Well, it's something that I think is an honor, but I think it's something that will make me a better doctor, honestly. And I remember my time as assistant chief resident, and how much I learned. And I really appreciate the relationships I've have with my chief residents over time. And so it's definitely something I'm thinking about doing. I was mostly asking you out of respect with the understanding that it would impact my schedule and so forth." And so I asked a bunch of people about it. And people were like, "Oh, man, it was an amazing year, you should definitely do it." And there were people who were like, "If I had to do it over again, I'm not sure I would do it." Not necessarily Duke chief residents but people who had been chief residents throughout their careers.

And so I ultimately, obviously, made the decision to do it. And it was just an amazing year for me. I learned so much as a leader, but I grew so much as a clinician and a person. Because the experiences that you have, they really push you in ways that you ordinarily may not be pushed. And the other piece was that it was my first opportunity to really have influence on the program and the policies. And so, I spoke early on about what I'm passionate about and what I commit a lot of time to, it's equity. And that was my first taste to kind of see inequity start to emerge, and then have the ability to influence that. To have people recognize it. Because I think sometimes when these things happen -- and that's why we call it unconscious or implicit bias -- it's not always intentional. Or when structural things are created that systematically create disadvantage or inequity, it's not always intentional. It happens. It becomes a part of the culture and the environment. And people just don't have the forethought to think about, "Okay, well, what impact is this having on everyone?" I think my time as chief resident afforded me some opportunity to, again, witness those things happening, but also to bring them to light, and then try to make change. And so it was great.

Along that topic, I have a mentee who recently was asked to be chief resident. And I don't know who was prouder, me or him. Because I think as a mentor to see your mentees really achieve at a high level is such a fulfilling thing. When he was asked to be the chief resident, he came to me and said, "They asked me to be chief." And I said "That's amazing." He was like, "Tell me about your experience. And how should I be thinking about this? What do you think, is this something I should do?" And I said, "Man, it was one of the best years of my life, for sure. It's a hard year. It's a busy year. You're going to spend a lot of time working. But the rewards are immeasurable." I felt like it was a great experience for me. And when I think back about my training experiences, it's a fond memory, and [so are] the relationships that are built through that. And you become part of a family of people who have served in that position. And we have gatherings where we bring all the former chief residents back together. It's an honor and a privilege. And it's something definitely that means a lot to me.

JO 36:28
I'm so glad that you mentioned your mentee, and sort of what wisdom you had to offer, as they were considering that same role. Because that is something that I'd like to ask you more broadly about sort of mentoring and trainees. What kind of advice do you give people who are maybe following in your footsteps or maybe considering similar careers, especially if they're people of color, does that affect the advice you give them? Can you think of other examples of how you work with your mentees?

KT 37:19
Thank you for that question. I think it's a good one, and something that I think about a lot. And I think for me it starts with finding your passion. And I think a lot of people go into medicine because either their parents did it or it was kind of an expectation of them. And that's tricky in some ways. I really encourage people to do it for the right reasons, because it's a long road and it's a lot of sacrifice and it's a lot of hard work, for sure. And so what makes that all worth it is if it's what you love. I feel so fortunate to do something on a day in and day out basis that I love. There's never a day -- I mean, I get tired -- but generally there's never a day I don't wake up and I'm not excited to do what I'm going to do that day. Whether I have a research day planned or if it's a day in my Assistant Dean position where I'm leading a program or bringing folks together to talk about an issue, or if it's a day like yesterday where I'm doing procedures. So [at] eight o'clock last night, I was tired at the end of the day but it was a great day and it brought me a lot of fulfillment. Because it's my passion, it's what I love to do. And that's so important. So, I tell people all the time, before you make this type of commitment just be sure you love it, and for the right reasons. And so along those lines, what do you have to think about? I think you have to be incredibly driven, you have to be very focused. I always tell people, "Work hard. Don't let anyone outwork you. You're going to always meet somebody smarter than you. But what you can control is your work ethic. That's super important." The other piece is [to] be a good person. And it sounds so simple. But just be thoughtful in your interactions with people, with patients. Just be thoughtful and committed to treating people well. I think that's really important. And I think the higher you go, sometimes you can take that for granted. And there's some people who I see who are in powerful positions and they've maybe lost some of that, or maybe they never had it. But I see that now and I think you should always treat people with respect. And you should just strive to be, I think, a thoughtful, altruistic person. And so I really encourage that, and I try to model

that for my mentees, the trainees I come in contact with. I want them to see how I treat my patients and the respect that I have for them. I want them to see if I'm modeling how to be a good mentor. The commitment and the respect that I have for. If I sign up to be your mentor I'm going to be your mentor, and I'm going to take that very seriously, and I'm going to commit to that and do it with everything that's in me. I'm not going to half-step it. And if I'm not doing it, hold me accountable. And so those are things that I kind of live.

And I think the other part of it is, honestly, and it can be hard sometimes is that you have to always try to focus on the greater good and try to make positive influences in as many ways as you can. Whether it's taking care of patients, [or] if you're a researcher it's doing thoughtful research that is impactful and can really change how we deliver care both at the population level but then all the way down to the individual level. So being very intentional about those things is important. And then this whole issue -- and we've seen this really amplified in the last year or so with all the issues that have happened with police brutality, structural racism, and discrimination and all of this -- is that we've really come to a really an important period of time in the history of our society. And it's really important in medicine as well. And so we have to band together to fight against all the inequities that occur. And we have to all seek to be better and do better. And so that's something that I'm incredibly passionate about and committed to, and hope that we can always work together to understand that if we can be more inclusive, and we can be more equitable, then we will be better for it. We'll be better as a healthcare institution. We'll be better researchers. We'll give better care to patients. We'll have better outcomes. Our research will be more impactful if we can do these things. And so I'm thankful that I've been doing this for years, but thankful that we have reached a point in time where people are more open to understanding the issues that exist and being committed to changing those things for the betterment of everyone.

JO 43:07
Thank you. And I know we're, we're running low on time. But I did want to ask you a little bit about what you're thinking about in a more forward-looking sense? I watched a video interview, a short video interview with you, where you were talking about challenging yourself to reach the next level. And I wonder how you think about that right now? What are the challenges that you are addressing currently, what do you want that next level to be?

KT 43:48
Yeah, I think it's a good question. And, I think for me, it changes.

JO 43:54
Yeah.

KT 43:54
The work that I'm involved with now, both locally within my institution, but also nationally with professional organizations that I'm participating in, societies that I'm a part of, is really dismantling racism, promoting equity, and really trying to implement strategies to address implicit bias. And so, I find that work to be very fulfilling. Very challenging in many regards, but very necessary. And so I've fully embraced that, and I'm enjoying being in that space. I've been

fortunate enough to be involved and have some leadership positions in the work that's going on here at Duke. There are four large committees focused on dismantling racism and promoting equity ubiquitously across multiple different groups, including our staff, who is at the core and the cornerstone of everything we do as a healthcare institution; and for our students and trainees [as] part of our mission, a critical part of our mission, is to train and educate the next generation. And so [we are] ensuring that they get the resources that they need to deal with these issues. And then also thinking about the faculty. And so I spend a lot of time in my position working with faculty, and trying to again, ensure that the playing fields are level and the opportunities are the same for everyone. Whether it's promotion, whether it's being a leader within the institution, or at another institution, or nationally. And so I'm really enjoying the work that I'm doing in that space. What the future holds, God plays a big role in that for me. I'm a very spiritual person, and I put my faith in God and live my life in a way that represents that. But the other important piece, I think, to highlight is that I work hard at trying to maintain integration between my professional life and my home life. My wife and my two kids are the most important thing in the world to me. As much as I love my job, and I'm privileged to have my job, it's my job. And the true joy and passion that I have is with my family. So in anything that I do professionally, it's got to be mindful that my first commitment is to my family, to my wife and to my kids. So in everything I do, if I'm considering a different position, or a different move, or an opportunity at another institution, I have a conversation with my wife, and we think about how that would impact my family. And it's got to be a good fit for my family. And I'm committed to spending time with my children. And I'm only going to have one time to have this part of the experience of being a dad. I'm very committed to that.

JO 47:18
Thanks for laying out some of those priorities. And is there anything else that you want to add before we end the official part of the interview?

KT 47:37
No, I really appreciate the opportunity to kind of reflect on my own personal journey and to be able to share this with others, to hopefully inspire someone or motivate someone. Because, again, I feel so blessed and fortunate to be in the position that I'm in. I hope that I can be an inspiration. Because, again, if I think about all the people who have played a role in my life, who have inspired me to be better, and to work hard, and to continue to strive to do things well, I've really been appreciative of that. And so I hope that sharing my story and my experiences can do that for others as well.

JO 48:22
I really appreciate you taking the time to do some of that reflection.